

Appendix F – File 1

CARRIER PAYMENT RECORD for Washington Health Program

Record Format: Fixed
Record Length: 74
Block Size: 9324

Field Name	Field Length	Starting location	Ending location
Tran-ID	X(01)	1	1
Carrier-Code	X(04)	2	5
SSN	X(09)	6	14
Name	X(20)	15	34
Elig-Type	X(01)	35	35
Agency	X(03)	36	38
Sub-Agency	X(03)	39	41
Premium	S9(05)V99	42	48
Coverage-Period (CCYYMM)	9(06)	49	54
Settlement-Period (CCYYMM)	9(06)	55	60
Reference Number	X(08)	61	68
Filler	X(06)	69	74

Washington Health Program CARRIER PAYMENT RECORD Field Descriptions

1.	Tran ID	-	Transaction type code. I - Invoice C - Credit
2.	MHCS Code	-	A 3 digit alpha code to identify the carrier (or MHCS, Managed Health Care System) of insurance.
3.	SSN	-	The Social Security Number of the main subscriber of the family.
4.	Name	-	Last Name, First Name, Middle Initial format; <i>for eligibility type '3', medicaid payment record, this field will contain the member's name for whom medicaid payment is being made.</i>
5.	Eligibility Type	-	Code used to indicate the payment record's program type. 1 - subsidized 2 - non-subsidized (GuardianCare) 3 - medicaid
6.	Agency	-	The agency in which the subscriber is assigned.
7.	Sub-agency	-	The sub agency in which the subscriber is assigned.
8.	Carrier Premium	-	The premium paid the carrier for the coverage period. This is a signed field.
9.	Coverage Period	-	The month and year for which the subscriber premium is paid.
10.	Settlement Period	-	The month for which payment is being made to the carrier. This date will be the same for all records on the file.
11.	Reference Number		The source which generated the payment transaction and performing provider number related to FQHC or RHC medicaid clients.
12.	Filler		Reserved for future expansion